

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10726476

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS					
IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
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61					
62					
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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	1				
TOTAL DEP.	12				
TOTAL CLAIMS	13				